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CONFIRMATION NO. 1079

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SERIAL NUMBER 10/754,844	FILING DATE 01/08/2004  RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. P-10537.04
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## APPLICANTS

John L. Sommer, Coon Rapids, MN;

James A. Coles JR., Minneapolis, MN;  
Daniel C. Sigg, St. Paul, MN;

## \*\* CONTINUING DATA \*\*\*\*

This application is a CIP of 10/262,046 10/02/2002

CPL  
5/15/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*

NOPE CPL  
5/15/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/13/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged  Examiner's Signature	Initials	MN	22	16	1

## ADDRESS

27581  
 MEDTRONIC, INC.  
 710 MEDTRONIC PARK  
 MINNEAPOLIS , MN  
 55432-9924

## TITLE

Medical fluid delivery system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )
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